Opiate Overdose & Head injury

EDU Mini-Sim #2

Case title	Opiate Overdose			**Sim no.**	EDU 2
Setting	EDU	**Patient age**	35	**Patient sex**	F
Diagnosis	Opiate overdose, had mixed overdose of unknown quantities, on toxicology pathway. Head injury (boggy swelling right parietal region).			**Curriculum code**	
Equipment required	• Sim-Man torso or real patient • Defibrillator with training leads • Training cannulation set and blood bottles • Oxygen mask • Simulated IV naloxone				
Staff required	1x Junior doctor, 1x Junior nurse, 1x Senior nurse				
Learning objectives	• To demonstrate effective, structured A-E primary assessment & make a diagnosis of opiate overdose and head injury. • Effective and appropriate clinical management, immediate escalation as patient has respiratory depression. • Appropriate escalation of care: Adult 2222 call. Aware of contents of cardiac arrest trolley.				

INITIAL SETUP

Observations				**Arrival route**	N/A
HR	85	**GCS**	E 1, V 1, M 1 = 3/15 (initially)	**Carers?**	N/A
RR	8			**Progression:** Nurse attends to patient to do observations, found to have observations stated. Calls for immediate help. If naloxone given, RR and conscious level improves. If no treatment given, patient goes into respiratory arrest. Boggy swelling right parietal region.	
SpO2	90% on Air	**Pupils**	Right pupil size 3mm, left pupil pinpoint.		
BP	85/60	**Temp**	36.9°C		
CRT	3 seconds	**Weight**	60 kg		
Glucose	5.0				
Equipment on arrival	None	**Additional info**	Previous overdose ?which medications.		

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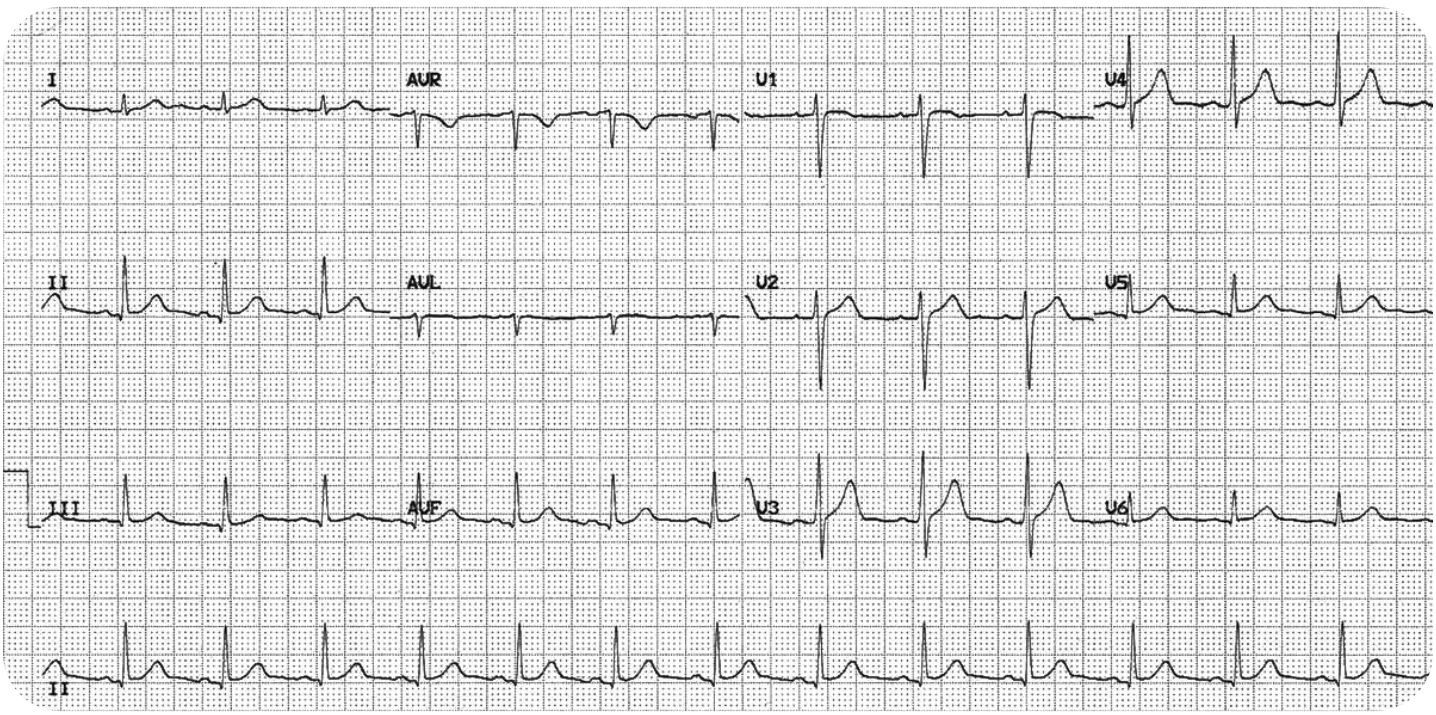
Supporting investigations (ABG and ECG)

Gas type	ABG on 15L	Ref range
pH	7.30	7.35 → 7.45
pO2	20.1 (+)	10 → 14
pCO2	6.5 (+)	4.5 → 6
HCO3	20	22 → 26
BE	-3.5	-2 → 2
Na	136	135 → 145
K	3.6	3.5 → 5.5
Ca	1.32	1.1 → 1.35
Cl	106	98 → 106
Glu	5.5	4 → 6
Lactate	2.2 (+)	0.4 → 0.8
Bili	200	51 → 850
Hb	125	115 → 178



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Generic debrief for scenario

There are lots of feedback models that can be used, but immediate feedback is essential to **aid learning,** to help **analyse the process** and **create solutions.**

For feedback to be effective and to improve patient safety overall, feedback should be:

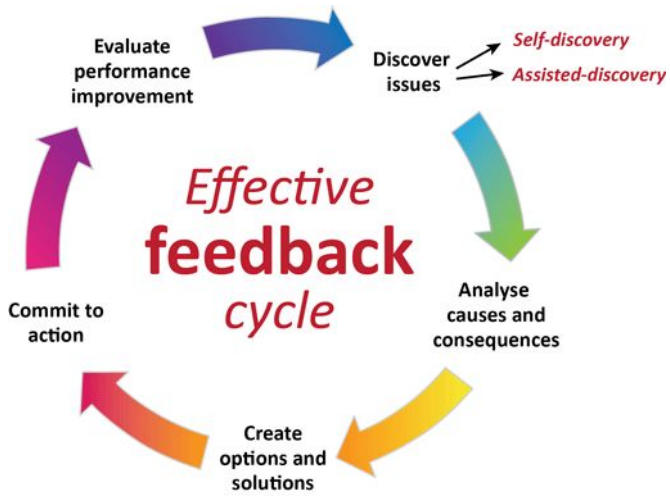
S = Specific

M = Measurable

A = Achievable

R = Realistic

T = Timely



Example of a feedback model: *(Pendleton's Rules)*

1. Clarify any points of information/fact
2. Ask the learner what s/he did well (ensure that they identify the strengths of the performance and do not stray into weaknesses).
3. Discuss what went well, adding your own observations (if there is a group observing the performance, ask the group what went well – focussing on their strengths).
4. Ask the learner to say *'what went less well'* and *'what they would do differently'* next time.
5. Discuss what went less well, adding your own observations and recommendations (if there is a group observing the performance, ask the group to add their observations and recommendations)

Debrief specific for this scenario

Non-Technical Skills:

1. Was the Team Leader Role well defined?
2. Were other roles allocated and followed? (e.g. Were names used? Stickers used?)
3. Did the team communicate well? Use of closed-loop communication?
4. Did the team leader give clear instructions?
5. Did team members prioritise tasks effectively?

Technical Skills:

1. Safe and effective A-E assessment of patient, correctly identifying respiratory depression and GCS 3/15 likely secondary to opiate overdose and head injury.
2. Immediate escalation (Adult 2222 call). Administering IV naloxone bolus.
3. Escalating to EDU Consultant, presenting in SBAR format.
4. Rapid transfer to ER as patient has ongoing low conscious level and will require naloxone infusion and stabilisation prior to urgent CT head.